

ASSIGNMENTSurveyor: **MARCUS**DOI: **23/04/2021**Date / Time : **09/04/2021**Registered in Merimen: **09/04/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SFB 3280G**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **05/04/2021 @ 14:45** Place of Accident : **NEWTON ROAD**

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : _____ %

Final ? Yes / No**SGM 6819P**INSRS:
WSP: **PRECISE**
Tel : **AUTO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SGM 6819P - X			STAGE	DATE / PIC
	SFB 3280G - CC6/AXA12009646/Ahc3f1 ; 09/05/2012			Non-Reporting ltr (1st):	
	CC6/AXA13007598/Uv1b3c3 ; 23/04/2013			Non-Reporting ltr (2nd):	
	CC7/AIG11009787/T1ab3q2 ; 23/05/2011			Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup):	
				Call OI:	
				After call ltr to OI:	
21/09/2021	Pls refer to VIEWS for details.			Documentation Check List:	Handler Typist
				Notification ltr (if non-pickup)	☐
				After call ltr to OI:	☐
				Authorisation To Act:	☐
				Release Voucher:	☐
				Final Repair Bill:	☐
				Car Rental Invoice:	☐
				Towing Invoice	☐
				LTA / GIA :	☐
				Medical Bill:	☐
				PIR:	☐
				Mandate/Reject Instruction:	☐
				LOD	☐
				Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	☐
				Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost: P/P	S\$ 400.00	(1 days) Reduction: 79 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 21/09/2021	Confirm with Yan Hong	Email ☒ Call ☐		
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :		
Repair Cost: w/GST	S\$ 428.00				
Loss of Rental (LOR):	S\$ (_____ days)				
Loss of Use (LOU):	S\$ 60.00 (\$ 60 x 1 days)				
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)				
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]					
GIA/LTA Search	S\$ 8.00				
Medical:	S\$			1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$			3) Survey fee: \$320.00	
Total:	S\$ 496.00	Global Sum S\$500.00 (as per AIG mandate)			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐		
Payee 1:	S\$ 500.00	Name 1: Precise Auto Service			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			